

**NOMINATION FORM**

**DDSN REGIONAL CENTER EMPLOYEE OF THE YEAR**

(1) DDSN Center: \_\_\_\_\_ (2) Year of Recognition: \_\_\_\_\_

(3) Name of Nominee: \_\_\_\_\_

(4) Job Title: \_\_\_\_\_

(5) Significant Contributions:

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(6) Last Three Overall Performance Ratings: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

(7) Attendance Record: (over last 3 years) \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

(8) Disciplinary Action During Past Calendar Year: ☐ Yes ☐ No  
Disciplinary Action Pending: ☐ Yes ☐ No

(9) Permanent Employment Status: ☐ Yes ☐ No

(10) Attach any News Clippings, Civic Commendations and any other information which is supportive of the nomination.

Facility Administrator: \_\_\_\_\_

Signature: \_\_\_\_\_ Telephone/Fax: \_\_\_\_\_ / \_\_\_\_\_

Date: \_\_\_\_\_ E-Mail: \_\_\_\_\_

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